

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | HL       |        | 4-11-01  |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | ET       | 926    | 05-14-01 |
| RESPONSE FORMALITY REVIEW | Zm       | 927    | 08/29/01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| 7     | ✓     | ✓        |      |
| 8     | 0     | 0        |      |
| 9     | ✓     | ✓        |      |
| 10    |       |          |      |
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| 12    | ✓     | ✓        |      |
| 13    | 0     | 0        |      |
| 14    | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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 10-11-01  
 Attn:  
 206-1250